File with: lowa Ethics and Campaign Disclosure Board 510 E. 12^h, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

5155745076

FOR INSTRUCTIONS, SEE BACK OF FORM DISCLOSURE SUMMARY PAGE

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically,

CAMPAION FINIS AND 2010 JAN 19 PM 3:21

COMMITTEE NAME (Mark)	y descri	Orm		
COMMITTEE NAME (Must be same as on Statement of Org	ganization)			
Moth tor Sugarvisor		l I	FORM	
IIIVIPURIAN (* Indianto to alta - Ja			DR-2	
(1)Statewide/Legiziative/Judge Standing for Retention Candidate (4)County Central Committee (5) County Candidate (6)City Candidate (6)City Candidate (7)City	2 State PAC (2)See a	_	(Rev. 12/2009)	DISCLOSURE
(4) County Central Committee (5) County Candidate (6) City Cant Subdivision Candidate (5) County PAC (9) City PAC (10) School	idste (7)School Board or Other Polit	ioni	(12/2009)	REPORT
Subdivision Candidate (5)County PAC (9)City PAC (10)School	Board or Other Political Subdivision P.	AC (For Office Use Only	
CANDIDATE COMMITTEES ONLY			Comm, #	
Candidate Name	Platies at B	1 11	Logged In	
Kim Motle	Political Party (if applicable)		Scanned	
Office Sought	Democrat	_ [[0	Computer	
County Supervisor	District (if Senate or House)		Audited	· · · ·
Late reports are subject to possible shift		_		
Late reports are subject to possible civil and criminal penalties. Pu candidate's committee, and the chairperson, for any other type of a	retrant to lows Code sections 688.32	2A(7) and 68	A.401(3), the cand	idate for a
candidate's committee, and the chairperson, for any other type of a	committee, is the individual responsit	de for filing (timely and accurate	reports.
		:		·
SIGNATURE OF PERSON FILING REPORT	515-570-5017		119.15	
SIGNATURE OF PERSON FILING REPORT	515-570-5017 TELEPHONE	_	1-17-10	
			DATE SIG	NED
IAM FILING A January 19, 2010				
(report date)	REPORT FOR (1) ELECTION	N /(<u>2)N</u> ON-	ELECTION YEAR	.
· · · · · · · · · · · · · · · · · · ·	Indicate by	/# <u>[</u>		
□CHECK IF AMENDMENT TO REPORT DATED		1		
Chook if this is great to the second			mittees, enter Date	
Check if this is final (termination) report and attach Notice of (You must continue to file reports until a DR-3 is filed.	f Dissolution Form DR-3.	/Va ver	mber 2, 3	<u> </u>
(1 0 = 1100) containe to my reports until a DR-3 is filed.)	which Elect	ocal Committees, er	iter County in
STATEMENT OF CASH ON HAND				
·=				
CASH ON HAND at the beginning of the reporting period. (Tot	al of all funds held by the	:		
committee. This amount MUST be the same as the confittee of the last reporting period or must be zero if this is first			4101	3 800
ADD TOTAL MONEY TAKEN IN THIS PERIOD	at report med.)	\$	401	.13
		į		
Schedule A: Cash Contributions total (Attach Schedu	le A) (*also see in-kind below)		_ 3.	74
Schedule F: Loans Received total (Attach Schedule F	÷)			7
Schedule H: Total Sales of Campaign Property (Attac	h Schedule H)			
(Schedule H applies to Candidates' Comm	Heat Only	**********		
			./	1 00
SURTRACT TOTAL MONTY OPEN	SUB-TOTAL	.	404	,89
SUBTRACT TOTAL MONEY SPENT THIS PERIOD				
Schedule B: Expenditures total (Attach Schedule B) (*	**also see debts and loans below).		,	2
Schedule F: Loan Repayments total (Attach Schedule	F)			
CASH ON HAND at the end of this reporting period (If final repo	# halana and be a			
"LINPAID BILLS (Free Color)	Tobiatice must be zero)	· \$	<u> </u>	,89
"UNPAID BILLS (From Schedule D - Attach Schedule D)		\$		
From Schedule E - Attach Schedule	ie E)		0	
COTSTANDING LOANS (From Schedule F - Attach Schedule	F)			
CONSULTANT BREAKDOWN (Schedule G Attached?)	,	.		
CANDIDATE COMMITTEES ONLY:			YES NO	
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach	Schedule H)	\$		
STATE COMMITTEES: Submit a reconciled campaign account	bank statement in January of each	Vest		
		· / ••.		

5155745076

For Instructions, See Back of Form SCHEDULE CONTRIBUTIONS -- MONEY TAKEN IN Reset Form (Including candidate's personal funds) MONETARY (Rev. 07/03) RECEIPTS COMMITTEE NAME (Must be same as on Statement of Organization) CHECK THIS BOX IF for Supervisor AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEL). LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political or

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FO
2-31-09	ID# CK# _/nterest	Frontier Credit Union 13 5, 3rd St.		\$ 0.04	RAISEI
1D#	ID#	Fort Dodge, Ia. 50501	1	3.74	'
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	ID#			1	
	CK#				
	D#				
i	CK#				-
	J. N. III				
			SUB-TOTAL \$		

committee. Relationship must be shown to the third degree of consenguinity (blood relatives) and affinity (relatives by familial relationship, enter "not applicable" in the relationship column.

of (for Schedule A)